

<b>APPLICATION FOR APPROVAL OF ADP PRODUCT</b> For use of this form, see AR 335-15; the proponent agency is OACSIM.		1. DATE (YYMMDD)
2. THRU (MICO) (Include Zip Code)	3. TO (DPA) (Include Zip Code)	4. FROM (Include Zip Code)
5. SUBJECT (Title of product)		6. ACTION OFFICER (Name and telephone number)
		7. TYPE <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE/REVISION
8. DATE REQUIRED (YYMMDD)		9. SECURITY CLASSIFICATION
10. DURATION/CUTOFF DATE (YYMMDD)		11. FREQUENCY
12. PRODUCT USE AND JUSTIFICATION		
13. DESCRIPTION, FREQUENCY, VOLUME, AND SOURCE OF INPUT DATA		
14. DESCRIPTION OF OUTPUT PRODUCT (Include proposed media)		

15. PRODUCTS TO BE REVISED/REPLACED/ELIMINATED BY THIS PRODUCT

16. DISTRIBUTION *(Include number of copies to each)*

17. ESTIMATED COST *(See App. B, AR 335-15)*

ACTIVITY a.	PERSONNEL b.	ADP c.	MATERIAL d.	OTHER e.	OVERHEAD f.	TOTAL g.
DEVELOPMENTAL						
OPERATIONAL						
TOTAL						

18. COMPLETION DATE *(YYMMDD)*

19. RECOMMENDED PRIORITY

20. DPA POC *(Name and telephone No.)*

21. REMARKS

22.

☐ APPROVED ☐ DISAPPROVED

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*(PCN Assigned)*

23. APPROVAL AUTHORITY *(Name and signature)*